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Reports may be malled in Melivered to: Board of Ethics, 2415 Quali Dr., 2rd Floor, Berge Rouge, LA 70808

REPORT COVERING:	ೱೲ-ೲಽ	FOR OFFICE USE ONL Posimark Date:
[JANUARY 1 (brough JUNE 30, DUE BY AUGUST 15	, zd.0151	
JANUARY 1 through DECEMBER 31, 2005 - DUE BY FEBRU	UARY 15	
1. Name: Burton Thomas		
2. Business Address: 6802 PARAgon Place Richmon	d VA 25233	
Street and No. Suik too City Mailing Address: 6802 PARAGON Place Kichmond, VA	State Zip	
3. Business Phone: 804-189-2003 Area Code and Telephone Number	-	
4 Employer MASSERSAL Advisory Group Evergre	<u>ke</u> /)	화 (50) 교 (2)
5. Employer's address: 1802 factor 11see Suite 200 Ri	ichmond VA 23	7. 33 Zip
6. Did you make an expenditure exceeding \$50 on one occasion for a retired	ment system official:	
From January 1 through June 30? From July 1 through December 31? Yes	No D NA D	
If the answer to either question in Number 6 above is YES, complete Sci	hedule A and attach-	
7. Did you make expenditures exceeding the sum of \$250 for a retirement	system official:	
From January 1 through June 307 Yes From July 1 through December 31? Yes	No D NA D	
If the answer to either question in Number 7 above is YES, complete Sci	hedule A and attach.	

Page 1 of <u>3</u>

8. PROVIDE BELOW (a) the name of the state at statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1)	8. Name of Retirement System: LSERS.		
	b. Total of all expenditures made January 1 through June 30.	s D	
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s .Q	
	d. Total of all expenditures made during the calendar year:	s_0	
2	a. Name of Retirement System:		
	b. Total of all expenditures made January 1 through June 30:	s	
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	\$	
	d. Total of all expenditures made during the calendar year:	\$	
3)	a. Name of Retirement System:		
	b. Total of all expenditures made January 1 through June 30:	\$	
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	\$	
	d. Total of all expenditures made during the calendar year:	\$	

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Signature of Filet

Page 2 of 3

Form 406, Rev. 8/04

This school and the s	manisored / Shreats (18)		n expenditive for any me hi system official charles	light. If thering the review spotten official reporting period, then
you must provide the aggregate total cumulative. You must include report	of responsitures made on that lift able expansioners from the first	ryigial in that reporting per thalf in the year in Column :	ioù NOTE: Report coveri FA	ng July - December k
1 OFFICIALS NAME	2 NAME OF BETTREMENT SYSTEM	3 AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU SITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN JANUARY 1 ARE JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCESSING \$250 BETWEEN TILLY 1 AND DECEMBER \$1	S. TOTAL OF COLUMNS 3 AND 4
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